

**New Hampshire Department of Agriculture, Markets & Food**  
*Division of Regulatory Services*

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**AGRICULTURAL NUTRIENT MANAGEMENT  
GRANT PROGRAM**

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**2009-2010 APPLICATION**

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*(Please type or print clearly)*

**1. Project Title:** \_\_\_\_\_

**2. Applicant/Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Location of Project and Directions to Project Site:** \_\_\_\_\_

\_\_\_\_\_

**3. Grant Amount Requested:** \_\_\_\_\_

**4. Project Description:** (What do you intend to accomplish and how? Indicate the project's start and end dates.) You must attach the following for your application to be complete: I. A topographic map and/or aerial photo showing water bodies and landforms; II. A project site map (may be hand drawn) showing structures and distances; III. Drawings, sketches or photos to help visualize problem areas. The attachments must show accurately where the project is located on your property and its relation to wetlands, streams, wells or other environmentally sensitive areas on the property or in the vicinity of the project.

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**5. Itemized Budget:** You may show this on an attachment. Be as specific as possible, show costs by category: labor, materials, etc. Indicate what costs or tasks will be provided by the applicant. The grant cannot be used for your own labor but your labor costs can be shown to be recognized as an in-kind contribution.

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**6. Applicant background/qualifications:** (For on-farm projects list relevant information on operation, farm history, crop types, # acres, # animals and specie(s), present manure management practices, farm building details, etc.)

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**7. Objectives:** (Describe how this project intends to meet the program's goals relative to agricultural nutrients and water quality concerns.) Indicate the distance in feet to nearby surface waters, names of streams, ponds if known.

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**8. Date:**\_\_\_\_\_

**9. Signature:**\_\_\_\_\_

**Return the original and three (3) copies of the application to:**

**NH Department of Agriculture, Markets & Food  
Division of Regulatory Services - ANM Grant Program  
PO Box 2042  
Concord, NH 03302-2042  
Phone: (603) 271-2753, 271-7761  
Fax: (603) 271-1109  
Email: [runcles@agr.state.nh.us](mailto:runcles@agr.state.nh.us)  
Website: [www.agriculture.nh.gov](http://www.agriculture.nh.gov)**